|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Utah Task Force 1**  **Expense Report Reimbursement Request** | | | | | | | | |
| **Reimbursement requests must be submitted within 5 days of event** | | | | | | | | |
| **Name** |  | | | **Date** | |  | | |
| **Address** |  | | | Hold Reimbursement Check for Pick-up: | | | | |
| **City** |  | | | **YES** |  | | **NO** |  |
| **Phone** |  | | | **State** |  | | **Zip** |  |
| **Email** |  | | |  | | | | |
|  | | | |
| **Submitters Signature** | | | | | | | | |
| **Travel Related Expense** | |  | **Reason for trip:** |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Date of Receipt** | **Expense Description** | **Amount** |
| *Note: Salt Lake Urban Search and Rescue cannot process requests for reimbursements without an* ***itemized receipt that identifies purchases*** *and approval for them.* | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total:** | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Business Mileage Reimbursement**  **-Purpose of trip-** | **Driven Business Miles** | **Mileage**  **Rate** | **Amount**  *(Driven Miles \* Rate)* |
|  |  |  | $.54 |  |
|  |  |  | $.54 |  |

|  |  |
| --- | --- |
| **Total Submitted for Reimbursement Consideration** |  |

|  |  |
| --- | --- |
|  |  |
| Program Manager Approval Signature | Date |

|  |
| --- |
| ***SUBMIT TO:***  ***Salt Lake Urban Search and Rescue or e-mail lchen@ufa-slco.org***  ***Attn: Lin Chen***  ***6726 Navigator Drive***  Administration Use Only:  Date Paid: Check #:  ***West Jordan, Utah 84084***  ***Cell: 801-913-3662***  ***Fax: 801-955-2726*** |